

CLAIMS ONLY						Application Number 10/693802	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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43	/						
44	/						
45	/						
46	/						
47	X	X					
48							
49	/						
50	/						
Total Indep							
Total Depend							
Total Claims							